

BOX TEST Request Form

BestPackTM
the total tape sealing solution

DATE:

DISTRIBUTOR:

CONTACT NAME:

PHONE:

EMAIL:

ADDRESS:

BOX SIZES YOU WANT TO TEST

	L	X	W	X	H
1.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL NOTES:

END USER:

CONTACT NAME:

PHONE:

EMAIL:

ADDRESS:

CARTON SEALER INFORMATION

WHAT MACHINE DID YOU WANT TO TEST? (IF KNOWN)

CHOOSE ONE OF THE FOLLOWING:

SEMI-AUTOMATIC

FULLY-AUTOMATIC

DO YOU NEED A VIDEO OF THE TEST?

YES

NO

EMAIL THIS FORM TO SALES@BESTPACK.COM. WE WILL CONTACT YOU SOON!

QUALITY • INNOVATION • CUSTOMIZATION

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